

Title V / Maternal and Child Health Impact Story: April 1, 2016 – September 30, 2017

MCH Grantee (*check box*):

- Bismarck-Burleigh Public Health
- Fargo Cass Public Health
- Grand Forks Public Health Department
- North Dakota State University
- South East Education Cooperative

North Dakota Maternal and Child Health Priority Area (*check box*):

- Increase the rate of breastfeeding at 6 months
- Reduce overweight and obesity in children

In a sentence or two, describe the problem you were trying to solve or the reason why your intervention is needed.

Childhood obesity continues to be an issue at the state and national levels. North Dakota surveillance data has shown that children are not meeting the recommendations for vegetables, fruits, physical activity and other key lifestyle factors linked to healthy weight. Research has shown that overweight children are more likely to become overweight adults more prone to diabetes, heart disease, stroke, cancer and other chronic diseases.

In a brief paragraph, please share what you implemented and how it made a difference.

This project addresses capacity gaps in reaching children, families and communities in much of western North Dakota. To help “fill the gaps,” individuals in four counties in western ND (McKenzie, Williams, Stark, Morton) were contracted to deliver programming. They taught On the Move OTM Jr., On the Move to Better Health, and On the Move Cooking Schools in schools and/or classrooms that weren’t previously served. In addition, 10 educators (in Western ND) have been trained in the Smarter Lunchroom Movement and have begun to work with schools to directly impact lunchroom practices, and these systems changes can have long-term results on student choices. In addition, the coordinator trained 107 “teen leaders” to reach 664 children in grades K – 5 with afterschool physical activity and nutrition-related programming. Evaluation results have shown that children and parents are eating more vegetables, fruits and getting more physical activity. Classrooms are establishing healthy snack and/or water bottle policies, and school lunchrooms are beginning to become involved in “Smarter Lunchroom” practices.

Are there any specific NUMBERS or OUTCOMES you can share as a result of your work?

As a result of having four contracted individuals in Western ND, an additional 350 school-aged children have been impacted with nutrition education, physical activity opportunities, and/or cooking skills. As a result of a partnership with afterschool programs and teen leaders, we have reached an additional 664 children.

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As an example, On the Move Junior was implemented in six western counties with 1,249 participating children. Feedback was received from 27 teachers; 44% of teachers observed students eating more fruit at school lunch, 52% observed more vegetable consumption, 48% observed children bringing healthier snacks, and 63% of students tried new foods. About 56% noted their students asked questions about food, 59% have incorporated more energizers in their classrooms and 78% have a classroom healthy snack policy. Parent surveys showed similar results: 47% observed their children eating more fruit at home, 41% observed more vegetable consumption, 46% asked for healthier snacks, 43% offered help with food preparation and 36% tried new healthy foods.

Were there any “AHA” or “lightbulb” moments you can share?

Reaching children, families and schools takes a concerted effort and many community partners. For example, a new cooking curriculum was introduced with supplemental funding from another funding source, and we reached 36 children directly. OTM Cooking School was offered in community buildings, extension offices, or churches, which requires cooperation and coordination. We learned that many children had no experience with most aspects of food preparation such as measuring and some had limited familiarity with ingredients. The children were very excited to receive a “cooking kit” made possible by leveraging funds. Overall, hands-on, age-appropriate nutrition classes with reinforcement at home and supported by schools and communities, including gardening programs, can help children and adults develop skills that can impact their weight and their long-term health.

Are there any “quotes” from anyone benefitting from this that you can share?

As part of the evaluation process, teachers are asked for their feedback on the activities and lessons being offered in their classrooms. These quotes from teachers about their observations of what children gleaned from the second grade lessons that were not previously offered. The goal of the curriculum was to encourage children to try new foods.

- “They enjoyed doing the daily energizer and filling out their logs.”
- “They loved the stories that were read, the exercising in place, and the food – of course! I know that some of the students told me they made some of the recipes at home.”
- “The program is good to reinforce the lunch guidelines.”

Is there anything else you want to share?

Coordination takes a considerable amount of time and energy. Equipping and training contracted individuals is not seamless (email/school contacts/finding people to “hire”) and is a work in progress. Knowing the community and having community connections helps with education and potential sustainable changes. Not all communities have residents with experience in nutrition and/or teaching.